Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>9-16-07</u>	Address:	824 Denver Street
Case #:	<u>241/28605</u>		Elkhart In 46516
County:	<u>Elkhart</u>		
☐ Operati	aboratory Seizure (check one) onal Lab cal/Glassware/Equipment (only) ite (only)	Seizure Location (a Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open No Structure
Items Four	nd; <u>Location (bedroom, kitchen, open ai</u> nat apply)	_	Other:
	/Ammonia Reaction(s):		
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents: Coleman fuel			
Water Reactive Metal (Lithium): stripings absent lithium			
Anhydrous Ammonia:			
☐ Hydrochloric Acid Gas Generator(s):			
Corrosive Acid: Unk strong acid			
Corrosive Base:			
Other (it	em and location): fimmels, tubing, salt		
∐ Ycs — ⊠ No	r age 18 discovered (check one) (number present) oon to Child Protective Services	Dphedrine	Information /Pscudoephedrine Tracking Log rehant Tip
This report	is to be faxed to the following agen	cies that serve the lo	cation:
Health Depa	ire Department: Elkhart Fire Dept Fax: 574-296-9324 Fax: 574-875-3376 Fax: 574-875-3376 Fax: hild Protection Service:		
For further in Investigating	nformation regarding this methamphe g Officer: <u>Tpr</u> . <u>Rob Smith</u> Phon	tamine laboratory, co c <u>574-546-4900</u>	ntac1

This form is to be faxed to the Pirc Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing. This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.